

John E. Brooks Chief of Police

777 Sawgrass Corporate Parkway Sunrise, Florida 33325 (954) 746-3600



Sunrise Police Department

Civilian Volunteer Program

Application Packet



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CITIZEN VOLUNTEER PROGRAM

Qualifications for Citizen Volunteers:

- Ability to communicate effectively with staff and the general public.
- Must be able to speak clearly and have good telephone manners.
- Legible handwriting or printing is a must.
- Be able to read maps and give clear directions.
- Typing skills would be helpful, along with data entry skills.
- Must be dependable.

Volunteers will receive on-the-job training.

All information within the Sunrise Police Department is kept confidential.



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Volunteer Application

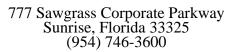
| Name: | _ Date of Birth: | | | |
|--|------------------|--|--|--|
| Address: | | | | |
| Home Phone: | Work Phone | | | |
| Social Security Number | DL # | | | |
| Employer: | Occupation: | | | |
| Employer's Address: | Cell Phone: | | | |
| Emergency Contact (Name, relationship, Phone): | | | | |
| Personal References Names & Contact Numbers: | | | | |
| | | | | |
| Do you have any previous police experience? | | | | |
| Have you ever been arrested? (If yes, explain) | | | | |
| Please explain briefly why you desire to become a police department volunteer: | | | | |
| | | | | |
| | | | | |
| | | | | |

CHECK EACH AREA OF INTEREST

| Clerical Filing | |
|--|--|
| Public Relations/Services | |
| Telephone/Messages | |
| Records Data Entry | |
| Fingerprinting/I.D Data Analysis Typing | |
| Data Analysis Typing | |
| Training Property | |
| Backgrounds/Selections Citizen V | Volunteer Patrol Other |
| Special Skills/Hobbies (list in detail any areas Department) | that may be utilized to assist the Police |
| | |
| | |
| Do you speak a foreign language? | Language(s) |
| Do you write a foreign language? | Language(s) |
| Do you read a foreign language? | Language(s) |
| falsification, or omission, I will be disqualified Police Department. I further understand that the not expect payment or reimbursement from the | I an investigation disclose any misrepresentation of the Volunteer Program of the Sunrise this is not an application for employment and do the City of Sunrise for services rendered. I have not and hereby authorize the Police Department to |
| Signature | Date |



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Volunteer Program Authorization for Emergency Medical Treatment

The following information is needed by any hospital or practitioner not having access to your medical history in case of an accident while volunteering your services with the City of Sunrise.

Name: ____

| Allergies: | |
|------------------------------------|---|
| Medications being taken: | |
| Date of last tetanus shot: | |
| Physical impairments: | |
| Any surgeries (dates) | |
| Family Physician (name and phone n | umber): |
| | |
| | y been given to the City of Sunrise in the event I sustain nrise in a voluntary capacity and is to be released to the an. |
| Signature: | Date |



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Volunteer Program Liability Disclaimer Form

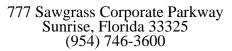
The undersigned does hereby request permission to participate in the Sunrise Police Department Volunteer Program. I understand that I must comply with all orders and instructions given by personnel in authority. I realize that I may be exposed to physical harm or injury and I freely and voluntarily accept all risks inherent in working with a law enforcement agency.

WHEREFORE, in consideration of acceptance into the Sunrise Police Department's Volunteer Program, I hereby agree to hold the Sunrise Police Department, the City of Sunrise, its employees, agent and servants harmless from all liability to me for personal injury or property damage or loss sustained during the time I may be in the capacity of volunteer, as aforesaid.

| | State of | Florida – County of Broward | |
|--|----------|-----------------------------|--|
| Sworn to and subscribed before me this _ (type ID) as proof of identification. | day of | , 20 , who is personally | |
| Notary Public Police Officer CCN | | | |



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AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Sunrise Police Department, I hereby authorize inquiries regarding my past employment record including, but not limited to, attendance, job performance, disciplinary records and reason for termination.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested. You may contact me as indicated below, should there be any question as to the validity of this release.

| Print Name | Date: |
|---------------------|-------|
| Address: | |
| Telephone Number () | |
| Signatura | |